

CIVIL COVER SHEET

The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form is provided for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

(a) PLAINTIFFS

Pamela Dorsey and Syreeta Dorsey

DEFENDANTS

First Franklin Financial Corporation et al

(b) County of Residence of First Listed Plaintiff Clerk
(EXCEPT IN U.S. PLAINTIFF CASES)

MAR 27 2008
3-27-2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

(c) Attorney's (Firm Name, Address, and Telephone Number)
None (pro se)

08CV1771

JUDGE LEFKOW

MAGISTRATE JUDGE SCHENKIER

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZEN (For Diversity)

- Citizen of This Court ☐ 1 ☐ 2 Incorporated or Principal Place of Business in This State ☐ 4 ☐ 4
Citizen of Another State ☐ 2 ☐ 2 Incorporated and Principal Place of Business in Another State ☐ 5 ☐ 5
Citizen or Subject of a Foreign Country ☐ 3 ☐ 3 Foreign Nation ☐ 6 ☐ 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

| CONTRACT | TORTS | FORFEITURE/PENALTY | BANKRUPTCY | OTHER STATUTES |
|--|---|--|--|--|
| <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Marine Act <input type="checkbox"/> 140 Negligible Insurance <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 160 Marine Act <input type="checkbox"/> 170 Recovery of Uninsured <input type="checkbox"/> 180 Recovery of Uninsured <input type="checkbox"/> 190 Recovery of Uninsured <input type="checkbox"/> 200 Recovery of Uninsured <input type="checkbox"/> 210 Recovery of Uninsured <input type="checkbox"/> 220 Recovery of Uninsured <input type="checkbox"/> 230 Recovery of Uninsured <input type="checkbox"/> 240 Recovery of Uninsured <input type="checkbox"/> 250 Recovery of Uninsured <input type="checkbox"/> 260 Recovery of Uninsured <input type="checkbox"/> 270 Recovery of Uninsured <input type="checkbox"/> 280 Recovery of Uninsured <input type="checkbox"/> 290 Recovery of Uninsured <input type="checkbox"/> 300 Recovery of Uninsured | <input type="checkbox"/> 310 Personal Injury <input type="checkbox"/> 320 Personal Injury— <input type="checkbox"/> 330 Personal Injury— <input type="checkbox"/> 340 Personal Injury— <input type="checkbox"/> 350 Personal Injury— <input type="checkbox"/> 360 Personal Injury— <input type="checkbox"/> 370 Personal Injury— <input type="checkbox"/> 380 Personal Injury— <input type="checkbox"/> 390 Personal Injury— <input type="checkbox"/> 400 Personal Injury— <input type="checkbox"/> 410 Personal Injury— <input type="checkbox"/> 420 Personal Injury— <input type="checkbox"/> 430 Personal Injury— <input type="checkbox"/> 440 Personal Injury— <input type="checkbox"/> 450 Personal Injury— <input type="checkbox"/> 460 Personal Injury— <input type="checkbox"/> 470 Personal Injury— <input type="checkbox"/> 480 Personal Injury— <input type="checkbox"/> 490 Personal Injury— <input type="checkbox"/> 500 Personal Injury— | <input type="checkbox"/> 510 Agricultural <input type="checkbox"/> 520 Other Food & Drug <input type="checkbox"/> 530 Drug Related <input type="checkbox"/> 540 Other Food & Drug <input type="checkbox"/> 550 Other Food & Drug <input type="checkbox"/> 560 Other Food & Drug <input type="checkbox"/> 570 Other Food & Drug <input type="checkbox"/> 580 Other Food & Drug <input type="checkbox"/> 590 Other Food & Drug <input type="checkbox"/> 600 Other Food & Drug | <input type="checkbox"/> 610 Agricultural <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 630 Drug Related <input type="checkbox"/> 640 Other Food & Drug <input type="checkbox"/> 650 Other Food & Drug <input type="checkbox"/> 660 Other Food & Drug <input type="checkbox"/> 670 Other Food & Drug <input type="checkbox"/> 680 Other Food & Drug <input type="checkbox"/> 690 Other Food & Drug <input type="checkbox"/> 700 Other Food & Drug | <input type="checkbox"/> 710 Agricultural <input type="checkbox"/> 720 Other Food & Drug <input type="checkbox"/> 730 Drug Related <input type="checkbox"/> 740 Other Food & Drug <input type="checkbox"/> 750 Other Food & Drug <input type="checkbox"/> 760 Other Food & Drug <input type="checkbox"/> 770 Other Food & Drug <input type="checkbox"/> 780 Other Food & Drug <input type="checkbox"/> 790 Other Food & Drug <input type="checkbox"/> 800 Other Food & Drug |

V. ORIGIN (PLACE AN "X" IN ONE BOX ONLY)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION (Enter U.S. Civil Statute under which you are filing and write a brief statement of cause.)

12 USC 2601 et seq., 15 USC 1601 et seq., 42 USC 12131 et seq., 42 USC 1982 & 1983: Violation of RESPA, TILA, etc.

VII. PREVIOUS BANKRUPTCY MATTERS (For nature of suit 422 and 423, enter the case number and judge for any associated bankruptcy matter previously adjudicated by a judge of this Court. Use a separate attachment if necessary.)

VIII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$2,415,000.00 CHECK YES only if demanded in complaint: JURY DEMAND: ☒ Yes ☐ No

IX. This case

☒ is not a refiling of a previously dismissed action.☐ is a refiling of case number _____, previously dismissed by Judge _____

DATE

SIGNATURE OF ATTORNEY OF RECORD

3/27/08

Pamela Dorsey

Syreeta Dorsey